

FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
New York, New York 10151
Telephone: (212) 588-0800
Facsimile: (212) 588-0500
E-mail: Firm@flhllaw.com

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner

Firm: U.S. Patent and Trademark Office
Art Unit

Facsimile: (571) 273-8300

From: William S. Frommer

Date: May 8, 2006

Re: FLH Ref No.: 450100-03183
Serial No: 09/845,416

098434/5

Number of Pages: 12
(including cover page)

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PATENT
450100-03183

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Takeo MORINAGA et al.
 Serial No. : 09/843,415
 For : INFORMATION TRANSMITTING METHOD, INFORMATION PROCESSING METHOD
 AND APPARATUS, AND INFORMATION RECORDING AND REPRODUCING METHOD
 AND APPARATUS
 Filed : April 26, 2001
 Examiner : NGUYEN, Huy Thanh
 Art Unit : 2616

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MAIL STOP AF
 COMMISSIONER FOR PATENTS
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.8(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	14	Minus	20 =	0 x	\$50(25)	= \$0
Independent claims	4	Minus	5 =	0 x	\$200(100)	= \$0
Total additional fee for this amendment						= \$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$360 (\$180) has been previously paid , or is paid herewith .

This response is being filed within the _____ month following the expiration of the term originally set therefor.
 This is a petition to request a _____-month extension of time. A check covering the cost of the petition is enclosed.

A USPTO Form 2038 - Credit Card Payment Form in the amount of \$ _____ .00 is attached, which covers the cost of
 additional claims and -month petition for extension of time.

Charge \$ _____ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

I hereby certify that this paper is being facsimile transmitted to the
 Patent and Trademark Office (facsimile number: 571-273-8300) on
 the date shown below.

Shobana Arjune William Frommer
 Type or print name of person signing certification
Shobana Arjune
 Signature

By: William S. Frommer
 Reg. No. 25,506
 Tel. (212) 588-0800

May 8, 2006

Date of Signature

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PATENT
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Shabane Atune
 Type or print name of person signing certification
Shabane Atune
 Signature

May 8, 2006

Date of Signature

AMENDMENT UNDER RULE 116

Mail Stop AF
 Commissioner for Patents
 Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Final Office Action which issued March 9, 2006, please consider the
 following amendment to the above-referenced application.